

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003997

FILED
Jan 10, 2005
Secretary of State

Entity Name: GOOD KNIGHT CHILD EMPOWERMENT NETWORK INC.

Current Principal Place of Business:

4605 SELLMAN ROAD
BELTSVILLE, MD 20705

New Principal Place of Business:

Current Mailing Address:

BOX 901
BELTSVILLE, MD 20705

New Mailing Address:

FEI Number: 52-1443773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSON, KEITH
3695-B SAVOY LANE
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

CARSON, KEITH
P.O. BOX 5686
LAKE WORTH, FL 33466 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALINOWSKI, LEONARD
Address: 13611 SIR THOMAS WAY # 23
City-St-Zip: SILVER SPRING, MD 20904

Title: V () Delete
Name: COOPER, JACQUELINE
Address: 4605 SELLMAN ROAD
City-St-Zip: BELTSVILLE, MD 20705

Title: S () Delete
Name: ROBINSON, LEAH
Address: 2011 WOODLEEVE RD
City-St-Zip: HYATTSVILLE, MD

Title: T () Delete
Name: GATES, DAWN
Address: 108 BALTIMORE AVE
City-St-Zip: STEVENSVILLE, MD 21666

Title: C () Delete
Name: CASCIO, MARIA
Address: BOX 901 (N/A)
City-St-Zip: BELTSVILLE, MD 20705

Title: D () Delete
Name: GIVEN, GREGORY
Address: 4607 SELTMAN RD
City-St-Zip: BELTSVILLE, MD 20704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERT, VRBENSKY
Address: 1609 WOODVIEW COURT
City-St-Zip: CROFTON, MD 21114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA A. CASCIO

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date